OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Riverbend**

Month/Year: **Dec-2025**

PWS ID#: 41 - **00601**

Minimum test pressure **applied**: **22.76** psi

Plant ID: WTP - _____ *(e.g., "A")*

Minimum test pressure **req'd**: **22** psi

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline]

PDR = Pressure Decay Rate

LRC = Log Removal Credit

				PDR_{Max} [$^{psi}/_{min}$]	LRC [log removal]	DIT Daily
					4.00	
Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	[Y/N] or "off"
1	0.108		0.108	>0.145		Y
2	0.104		0.104	>0.145		Y
3	0.108		0.108	>0.145		Y
4	0.108		0.108	>0.145		Y
5	0.108		0.108	>0.145		Y
6	0.108		0.108	>0.145		Y
7	0.108		0.108	>0.145		Y
8	0.108		0.108	>0.145		Y
9	0.108		0.108	>0.145		Y
10	0.108		0.108	>0.145		Y
11	0.111		0.111	>0.145		Y
12	0.111		0.111	>0.145		Y
13	0.108		0.108	>0.145		Y
14	0.108		0.108	>0.145		Y
15	0.104		0.104	>0.145		Y
16	0.104		0.104	>0.145		Y
17	0.104		0.104	>0.145		Y
18	0.056		0.056	>0.145		Y
19	0.104		0.104	>0.145		Y
20	0.115		0.115	>0.145		Y
21	0.115		0.115	>0.145		Y
22	0.115		0.115	>0.145		Y
23	0.108		0.108	>0.145		Y
24	0.108		0.108	>0.145		Y
25	0.108		0.108	>0.145		Y
26	0.108		0.108	>0.145		Y
27	0.108		0.108	>0.145		Y
28	0.108		0.108	>0.145		Y
29	0.108		0.108	>0.145		Y
30	0.108		0.108	>0.145		Y
31	0.111		0.111	>0.145		Y

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N]	All turbidity readings ≤ 5 NTU? [Y/N]	All IFE turbidity readings ≤ 0.15 NTU? [Y/N]	Performance std met? [Y/N] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	**Yes**	**Yes**	**Yes**	**Yes**

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	**Yes**	**Yes**	

PRINTED NAME: Curtis Olson

SIGNATURE: *Curtis Olson*

Notes:

DATE: 01/10/2026

WT CERT #: 216644

PHONE #: 503-554-8333

Revised 10/1/2024

♣ *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

System Name: **Riverbend**

PWS ID#: 41 - **00601**

Plant ID : WTP -

0.5 ⇦ Log Inactivation Required via Disinfection

Day	Minimum Cl_2 Residual at 1st User (**C**) ♦ [$^{mg}/_{L}$ = ppm]	Contact Time (**T**) [minutes]	Actual CT **C** x **T** (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? ♦ [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	1.106	53	58.6	10.7	6.83	17.6	YES	35	
2	1.079	53	57.2	10.5	6.84	17.8	YES	35	
3	0.766	53	40.6	10.6	6.82	17.0	YES	35	
4	0.819	53	43.4	10.7	6.82	17.0	YES	35	
5	0.767	53	40.7	10.7	6.87	17.2	YES	35	
6	0.984	53	52.2	10.7	6.78	17.1	YES	35	
7	1.112	53	58.9	10.7	6.78	17.2	YES	35	
8	1.301	53	69.0	12.2	6.82	16.2	YES	35	
9	1.364	53	72.3	11.5	6.79	17.0	YES	35	
10	1.101	53	58.4	11.7	6.77	16.2	YES	35	
11	1.071	53	56.8	11.3	6.65	15.9	YES	35	
12	0.983	53	52.1	11.1	6.82	16.9	YES	35	
13	0.990	53	52.5	11.1	6.81	16.9	YES	35	
14	1.007	53	53.4	10.8	6.81	17.2	YES	35	
15	0.977	53	51.8	11.2	6.80	16.6	YES	35	
16	0.938	53	49.7	11.7	6.84	16.3	YES	35	
17	0.808	53	42.8	11.1	6.87	16.9	YES	35	
18	0.953	53	50.5	10.9	6.85	17.2	YES	35	
19	1.022	53	54.2	10.9	6.81	17.1	YES	35	
20	0.945	53	50.1	11.1	6.76	16.5	YES	35	
21	0.873	53	46.3	11.1	6.85	16.8	YES	35	
22	0.836	53	44.3	10.6	6.84	17.3	YES	35	
23	0.798	53	42.3	11.2	6.86	16.6	YES	35	
24	0.899	53	47.6	11.0	6.86	17.0	YES	35	
25	0.859	53	45.5	10.6	6.82	17.2	YES	35	
26	0.815	53	43.2	11.2	6.87	16.7	YES	35	
27	0.890	53	47.2	10.4	6.88	17.8	YES	35	
28	0.964	53	51.1	11.0	6.86	17.2	YES	35	
29	0.951	53	50.4	10.7	6.88	17.6	YES	35	
30	0.855	53	45.3	10.2	6.89	18.0	YES	35	
31	0.899	53	47.6	10.4	6.93	18.1	YES	35	

♦ If chlorine concentration at entry point < 0.2 $^{mg}/_{L}$, or CT not met, notify DWS within 24 hours.

Submit this monthly report by the 10th of following month by

mail: Drinking Water Services
PO Box 14350
Portland, OR 97293-0350